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ORIGINAL DEPARTMENT.

Communications.

SANITARY CONDITION OF BENTON BARRACKS, ST. LOUIS, MISSOURI, 1861-2.

Bubecola, Pneumonitis, Capillary Bronchitis, etc.

By D. L. MCGUGIN, M. D.,

Of Keokuk, Iowa.

[Continued from page 330.]

And still they come. The bugle blast, or the shrill whistle of half a dozen fifes, and the distant roll of as many drums, became the familiar heralds of approaching cavalry or infantry. The north-west was offering her sons to the country, and it did appear that each additional regiment was an improvement upon the former, for physical development, health, energy, and noble bearing. They continued to pour in until thirty thousand were crowded,—yea, crammed into that encampment. I hazard nothing in declaring it to be my opinion, that never, in any nation, or people, at any period of the world, was there an equal number of soldiers of better physique, as active, energetic, or intelligent. Certainly, since this rebellion was inaugurated, there was nowhere to be found, in the north, an equal number of men better fitted for brave, enduring, and invincible soldiers.

So suddenly was the country precipitated into this war, from a state of profound peace, without preparation, that the army could not be supplied as fast as the troops poured in, notwithstanding that every effort, and every resource, were used to that end. Among other wants which could not be supplied as fast as required, was that of tents. Under the circumstances, this was the most to be regretted. Double the number of soldiers looked for, at the period when the barracks were erected, was now in camp. To make room for these, two companies were crowded into one department, not too capacious for one only. The painful consequences will be exhibited before we close this history. Could the troops have been furnished with tents, much of this might have been obviated, but as these could not be obtained, the

consequences could not be avoided; and I do not see that better could have been done, or that any one was in the least to blame.

The weather in the early month of November of 1861, in that parallel, was characterized by alternate raining, freezing, and thawing. A few days of inclement weather would be followed by warm, bright sunshine, which would leave the surface moist, and oft-times deep with mud,—which would be followed again by cold rains, mingled with snow. The troops from more northern parallels, were unaccustomed to a climate so humid, changeable, and at the same time a temperature almost as low as further north. They had just changed their homes for camp life, and this involved other changes in their habits and appointments. Their exercise, their diet, and their mode of sleeping, although not altogether unexpected on their part, were nevertheless so different, as to place them under influences to which they were wholly unaccustomed. A blanket or two, one upon a little straw, was a poor substitute for the well-filled beds, and the abundance of covering which they enjoyed at home.

A large majority of these men were young, and in the full vigor of life. They were chiefly, too, from the rural districts, and the sons of thrift, and in very many instances, wealthy farmers. They had been reared under due moral restraints, and had seldom wandered beyond the quiet neighborhood in which they had been reared. Through their previous life, their habits had been regular, and without temptation to undue gratification or immoral indulgencies, they grew up to manhood with their physical bodies uncontaminated by vicious indulgences, or impaired by immoral habits.

The emotions evoked by leaving home and friends, heightened by the consideration that they may never return to the sacred hearthstone,—the excitement growing out of so large an aggregation of men, each exerting an influence upon the other,—the martial music,—the “pomp and circumstance” of the camp,—the march by land, or the more exciting and rapid whirl by railroad through new and strange towns and cities, the recipients, meanwhile, as they pass, of the grateful ovations offered by the loyal and

patriotic people, gathered at the depots, towns, and cities, in cheers and other demonstrations of approval, together with the new and strange scenes as they passed,—were circumstances which were calculated deeply to impress and excite the mind, aside from the sad state of the country, whose wants and necessities had called them thus suddenly from their homes and into the service; all which, we repeat, were incidents and influences well calculated to predispose to disease. Nor were these materially lessened in force after their arrival in the barracks.

In the company quarters, before described, owing to the moisture evolved, there was a chilling air, to dispel which, the stoves were heated to their highest capacity. This was especially the case at night, as the guard details, coming in every two or three hours, and very cold, would seek comfort before retiring to their bunks, by increasing the fires. The apertures cut to admit the light during the day, were now closed by those who lay opposite; nor could the doors be left open, because a stream of cold air would pour upon the bunks in the centre. Thus the quarters were closed during the entire night, and without the means of due ventilation. The measurement of these quarters was for one hundred men. Without measurement, a practiced eye would see at a glance there was no excess. Without a provision for the ingress of fresh, or the egress of foul and contaminated air, these apartments were far from answering sanitary demands. But instead of one hundred, there were two hundred men; each of whom would absorb one cubic inch of oxygen at each inspiration, which would be two hundred inches; eighteen inspirations a minute would be three thousand six hundred cubic inches of oxygen lost every minute from the air of the apartment, while its place is in some degree supplied by carbonic acid, hydrogen, and organic matters. To this rapid deterioration must be added the foul emanations from their clothing, their persons, from the deep carboniferous soil beneath and sustaining the floors, those exhalations proceeding from the bodies of the numerous animals and their debris,—together with those proceeding from the slops and other filth of the kitchens, and the numerous sinks surrounding. A glance would suffice to show a much more rapid destruction of the healthful properties of the atmosphere, than the sources of supply would furnish in return. The avenues for this supply, strange as it may seem, were only through the chinks and crannies between the boards of the walls, which, fortunately, were not too well seasoned at the time of erection. Nor were there

any funnels on the roof,—openings at the square under the eve-drop, nor flues at the sides of the walls. Subsequently, openings were made in the roof, after repeated solicitation, but none for the admission of fresh air. During the whole night, therefore, these quarters were filled with a hot, foul, and poisonous breath, without due means of escape.

Not only was there this human aggregation upon the limited area already defined and described,—but the vast collection of animals, horses and mules,—for cavalry, artillery, transportation, and for the use of officers, swelled the sum of animal existence without correspondingly enlarging that area.

Each morning, even when the sky was clear, and the sun was mounting from the eastern horizon, giving promise of a day's bright sunshine, a chilling vapor would darken the air near the surface, and linger, with its humid influences, until so far advanced in the morning, as that, by the increased power of the sun's rays, it would be compelled to retire. During its stay, these fetid exhalations held in the vapor could be detected by the sense of smell, and was the subject of frequent remark.

Among the few troops who first came into this encampment, there occurred an occasional case of rubeola, which at that time was spreading epidemically over the whole country, and was present in all the camps designated as rendezvous for large bodies of troops. In the city proper, was the "Good Samaritan Hospital," which was denominated the "measle hospital," and hither the few cases which occurred from time to time were sent.

About this time the writer was stricken down with an exhausting pulmonary hemorrhage. Recovering after a few weeks, he was surprised to find that the measles had in the meantime spread among the troops like the fire upon our western prairies, minus the grandeur of the scene, but producing more dismay and destruction of life.

I immediately resumed the duties of my position, to which I was ordered by Gen. CURTIS before my illness; and as Gen. SHERMAN succeeded him in command, he continued me as "Acting Medical Inspector" of that post. So rapid was the spread of the disease, and so malignant was its character, that the commanders of regiments became clamorous for hospital quarters. All within the barracks proper being occupied, we were compelled to take the largest class of private residences, outside of, but contiguous to, the boundaries of the camp. The residences of wealthy and noted rebels were alone taken.

Three of these buildings, which were large, were so divided and arranged as to constitute two regimental hospitals each, and as fast as the men were attacked in their quarters, they were removed to them. It will be proper to observe here, that all the cases removed to the hospitals were not rubeola, for the causes which were so active in the spread of this exanthem, strongly favored the production of other diseases, when extraordinary exposures were superadded to constitute exciting agents. But the measles largely predominating, and the cases so rapidly multiplying, and the character of the epidemic was so malignant, that the most anxious concern was awakened. In some hospitals there were as many as one hundred cases from one regiment alone; and that one, which was represented in its hospital by but fifty cases at one time, was regarded as fortunate. Commanding officers became alarmed at this threatened decimation of their commands, and the men became fearful that the disease was more than simple rubeola.

The eruption was abundant, and of a brown-red color, with a tinge of lividity. It appeared first on the forehead, in the margin of the hair, whence it travelled rapidly downward over the face, neck, chest and upper extremities; thence over the abdomen and lower extremities, even to and upon the toes. It seemed ambitious for entire conquest, by seizing every portion of the cuticle. The face and extremities were much swollen. The temperature was not elevated in proportion to the amount of the eruption and tumefaction; indeed the extremities, if not cold, were often in a negative condition. The pulse was small, and when the eruption was at its acme, it was in a majority of cases above 100. There was usually pain in the head, with the usual intolerance of light. Often there was delirium, and a few cases of coma. The respiration was hurried and anxious,—often thirty-five to the minute, when the pulse ran above 100. The cough was incessant, and attended with an expiratory ring. Night and day the wards of the different hospitals were filled with the sound, so much so, that the ordinary pitch of the voice in conversation could not be heard. Generally, the expectoration was very abundant; the mucus expelled being at first clear and ropy, while toward the close it would become more abundant and opaque. Sometimes blood would be admixed with the mucus, at other times blood more copious, and in hemorrhagic form. There was often epistaxis. These cases did not appear benefited by these hemorrhagic attacks, but were sure to linger in their convalescence. There was usually some dulness upon percussion

in the lower lobes of the lungs, but the auscultatory signs were such as is usually found in these cases. The cough, with hoarseness, would sometimes continue for a week before the appearance of the eruption, but these were rare cases. When the period of desquamation arrived, the destruction of the skin was remarkable. It seemed to be literally *burnt up*, and when desquamation did obtain, it was not the fine epithelial branny scabs, but rather resembling that following scarlatina.

Unless complicated with other diseases, or when the rubeola attacked those struggling up from some protracted illness, there was limited mortality. The immediate sequelæ swelled the mortuary record, while others who survived these immediate results, are now laboring under irremediable chronic difficulties, which will cling to them during life.

During this period my attention was called to a fact, which I think has escaped the observation of those who have met the epidemic visitations of rubeola from time to time. Indeed the same opportunity is seldom offered for acquiring this particular fact, which is, that in a regiment of 1000 men (infantry), about 200 were seized with rubeola, while the average of cavalry was in about the same proportion, being 240 in 1200 men. Upon inquiry, I found that in other camps of instruction, and places of general rendezvous the rubeola had visited, the proportion was about the same.

The fact that so large a number escape rubeola in infancy and childhood, is an important one in vital statistics, if sustained after further inquiry and investigation.

A large number of those sent from the hospitals in a state of convalescence were returned, laboring under pneumonitis; and as these cases were so numerous, the mortality so great, the symptoms so peculiar, and the morbid anatomy so different from the ordinary cases in civil life, I will give its history in my next.

PERCHLORIDE OF IRON IN THE TREATMENT OF DIPHTHERIA AND CROUP.

By E. A. OPPELT, M.D.,

Of Trenton, Ohio.

Having seen many cases of diphtheria that had invaded the larynx, trachea, and bronchia, treated unsuccessfully by the methods ordinarily resorted to in such cases, I was led to try the perchloride of iron, as recommended by M. AUBRAN, of Paris. (See *Cleveland Medical Gazette*, Feb. 1861.)

1st CASE. Boy, aged ten years, had laboured

under diphtheria and croup for over two days when I first saw him. I immediately put forty drops of the perchloride of iron into a glass tumbler, filled with rain-water; and gave him a swallow every five minutes while awake, and every fifteen minutes during sleeping hours, and ordered it to be continued for three days, every dose to be followed with a tablespoonful of sweet milk. This treatment was continued, and between the second and third day, he began to cough up shreds of the broken-down membrane, and continued to do so, until, as his father informed me, over half a pint was thrown off during the next twenty-four hours. The croupy cough left him soon after the membrane commenced breaking down. He continued to improve rather slowly, with poor appetite, for three weeks, when, contrary to my advice, they allowed him to eat half a saucerful of wild salad, which produced cramp of the stomach, and caused his death by the time I arrived, having been absent when the messenger came for me.

CASE 2d. Feb. 10th, 1865. Boy, aged four years, was taken ill with croup forty-eight hours before I saw him. The family had used all the remedies they knew of for croup, and which had often relieved him before, but now it would do no good. I found him with a swelled neck, with lips and face indicating imperfect aëration of the blood. Both tonsils were covered with an ash-coloured deposition. Here I thought the perchloride of iron would be too slow, for to all appearance his time was short. I gave him an emetic of ipecac., which I repeated in thirty minutes; in about fifteen minutes more, it operated pretty freely, somewhat relieving him. I then resolved to try the perchloride of iron. I put into a common glass tumbler thirty drops of the perchloride of iron, and filled with rain-water. Gave him a large tablespoonful every five minutes while awake, and every fifteen minutes during sleeping hours. I also left two emetic doses of ipecac., to be given if the difficulty of breathing should increase during the night. It was given, and somewhat relieved him. The iron was continued as directed during the next day, but the little patient frequently refused taking the milk, which was offered him in tablespoonful doses, preferring water, which was allowed. I left him again two doses of ipecac., which was again given him during the second night, with the usual effect of affording relief. On the morning of the twelfth, he seemed improving, but coughed a good deal. Toward evening, he commenced throwing up considerable mucus, with shreds of diphtheritic membrane, his cough

losing its stridulous sound. On the morning of the 13th, he was up, and said he was well, and wanted something to eat. On the 19th he was quite well.

M. AUBRAN allows no other nourishment than the milk given after each dose, for fear of decomposing the iron. He claims to have cured thirty-four out of thirty-nine cases, two of which underwent tracheotomy, in which the perchloride of iron was continued, in the belief that it alone could save. I kept on with the above treatment till the croupy symptoms disappeared, and then treated them as I would an ordinary case in convalescence.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,
Of Philadelphia.

PART 2.

Before entering upon the consideration of Sclerotic-Choroiditis Posterior, I find in the April number of the *American Journal of the Medical Sciences*, a confirmation of my views expressed in the *REPORTER*, No. 20, Feb 25th, in which I stated that "the disease commonly called 'Choroiditis,' was called by the old writers 'arthritic inflammation of the internal tunics of the eye.' It would be as well to class it with glaucoma, as we now understand its pathology, and as we never have the one without the other." Prof. QUAGLINO, of Pavia, at the end of an excellent account of our present knowledge concerning glaucoma, expresses the following opinion upon its curative treatment by iridectomy:—"1. Glaucoma, arthritic amaurosis, and arthritic ophthalmia of the older ophthalmologists, are dependent upon one and the same identical morbid process, which only varies by the length or acuteness of its course. 2. The pathological condition which induces chronic and acute glaucoma is choroiditis, with increased secretion of the vitreous humor, and consequent distension of the retina and papilla of the optic nerve, associated with an extraordinary rigidity and hardness of the sclerotica proper to the senile condition, or induced by an atheromatous and arthritic process at a less advanced age."*

The following case, from the practice of the writer, will further confirm the pathological deductions.

Glaucoma following Rheumatic Gout. Iridectomy, with decided improvement in Vision.

Miss M. R., æt. 40, saleswoman in store, of good health until four years ago, when she was at-

* Brit. and For. Med.-Chir. Rev., from *Annali di Med.*

tacked with acute rheumatic gout, which was treated with lemon-juice, afterwards with the neutral salts, opium, etc., etc., but without benefit, was in one of our public hospitals for a long time, and the disease gradually assumed the chronic form, affecting the fibrous texture around the joints. The acetous extract of colchicum with opium relieved the muscular pains, but she became so lame as to be unable to walk except with crutches. Being an intelligent woman, her only amusement was reading at all hours, and more especially so with the use of gaslight at night. Her pulse was feeble, heart irregular, catamenia suspended, appetite and digestion not good. In the month of February, 1865, after a long night of close reading, as she expressed it, "she found a peculiar glimmer, as if something had got between her and the light. She tried to drive it away with her hand, but found it fixed, so that she had to retire. After a restless night, with pain in the eye, in the morning she found that she was completely blind of the left eye, with only flashes of colored light, and a feeling of bursting, with pain. A physician, who examined her, thought she had cataract, but this was not the case, it being a true case of glaucoma. Being informed that nothing but an operation would relieve her, she consented at once, and had the operation of iridectomy performed with decided benefit and much improvement in vision. Two weeks after the operation, she still continued to suffer from a black shadow, and the pupil continued dilated, but by the use of small cylinders of calabarized gelatine, this was entirely remedied.

"Although it is difficult, if not impossible, to distinguish inflammation of the eye caused or modified by gout, from rheumatic or even simple idiopathic inflammation, by observation of the changes in structure which take place, or of the sensation of the patient, especially in advanced life, yet when this organ is attacked by gouty inflammation, symptoms so commonly noticed generally present themselves, or are to be apprehended. The sclerotic vascularity is more intense, and, in aged persons at least, more of a livid, lurid, or venous complexion; the vessels being less distinct and more obscured by conjunctival vascularity, and the cornea is more liable to become gray at its circumference. The pupil becomes more frequently fully dilated than contracted and adherent, owing either to the adhesive process not taking place, or from the iris not coming into contact with the lens in consequence of its flatness in advanced life, or it may become completely dilated in consequence of the nerves

being involved in the inflammation. The yellowish or greenish opaline opacity of the lens which causes the appearance commonly called glaucoma, appears also to take place more frequently from the gouty than from other forms of inflammation. If, in addition to these symptoms, there is evidence of the existence of the gouty diathesis in the system, or if the patient has already suffered from true gout, the practitioner cannot be at a loss to form a diagnosis, and his prognosis should be a very guarded one, because the disease is not so much under the control of ordinary remedies, and is more destructive in its effects." (JACOB.)

Sclerotico-Choroiditis Posterior,

OF VON GRAFE.

Atrophic Choroiditis of Follin.

This disease, according to ZANDER, is the cause of four hundred and twenty cases of amblyopia in a thousand, and is so easy of recognition, according to VON GRAFE, that the observer has usually to direct his attention only to the entrance of the optic nerve. The ophthalmoscopic observer will find a white figure enclosing the outer margin of the optic nerve. In its early stages, this figure is sickle-shaped, its concave margin, in a certain degree, coincident with the margin of the nerve disc, while its convex margin looks toward the posterior pole of the eyeball. As the disease progresses, the white figure continually increases, so that its outer border extends further from the nerve, and the whole patch changes its sickle-shaped outline. The light which is reflected from this diseased surface is brighter and whiter than that from the optic nerve, but as well observed by SOELBERG WELLS, we must, however, be careful not to call every little white rim at the edge of the entrance, sclerotico-choroiditis posterior, for this may be caused simply by the choroid receding from the entrance and permitting the light to fall at this spot, through the retina upon the denuded sclerotic, and thus affording the appearance of a white glistening rim. If the disease remains stationary, the myopia does not increase, but if the disease progresses, the myopia is found to increase, with diminished or impaired vision, with black floating films of various shapes.

Complications.—1. Opacities in the vitreous body. 2. Separation of the retina. 3. Turbidity of the posterior pole of the lens. 4. A gradually occurring glaucomatous condition. Von GRAFE's cases were chiefly those of Sclerectasia posterior in persons more than 50 years old.

Causes.—Hereditary predisposition, chronic inflammation of the sclerotic and choroid. The

principal cause, according to WELLS, is generally the state of congestion of the eye, produced during accommodation for new objects.

Prognosis.—Should be very guarded, if the myopia is on the increase.

Treatment.—Rest, protection from strong light, and from the red and yellow rays of the spectrum, by means of blue spectacles, depletion, derivatives, improvement of the general health, the use of the eye douche, general tonics, corrosive sublimate, and iodide of potassium. (WELLS.) To this is added by N. W. CARTER, prismatic spectacles, the bases of the prisms being turned toward the nose. Such glasses render pencils of light less divergent, and hence diminish the convergence of the eyes, that would otherwise be required in order to direct both optic axes upon a near object. To relieve the heat in and around the eye, the eye douche and the following lotion of MACKENZIE's is recommended,

R. Aceti aromatici, guttas quinque,
Spiritus ætheris nitrici, drachmam,
Aquæ, uncias quinque et drachmas septem.
Misce.

If the parenchymatous changes in the choroid are at all considerable, we should subject the patient to a prolonged course of small doses of bichloride of mercury, (one-twentieth, or one-twenty-fourth of a grain, twice or thrice a day.) In this and in all inflammatory changes of the choroid, its beneficial effects are marked. Iodide of potassium, if there is any syphilitic or scrofulous taint. For local depletion, use artificial leeching, (HEURTELoup's.) The instrument should be applied to the temple, a tolerably deep incision made, so as to act upon the intra-ocular circulation. Mr. WELLS observes, that as the abstraction of the blood near the eye always causes considerable increase in the flow of blood to the part and its vicinity, the depletion should always be made late in the afternoon, so that the patient may retire to rest directly afterward, and he kept in a darkened room till the next afternoon.

In conclusion, LIEBREICH considered the first stage to be the deposit of a thin exudation layer on the inner surface of the choroid, with subsequent absorption of its stroma, and progressive changes in the effusion. FOLLIN believed the chief conditions to consist in removal of the pigment, with obliteration and absorption of the choroidal vessels, while PILZ regarded the disease as a non-inflammatory disturbance of the nutrition of the choroid. Lastly, JAGER has arrived at the conclusion that the peculiar anomaly of formation is usually congenital, very often hereditary, and then associated with no functional disturb-

bance of the retina, and never to be considered as the result of an inflammatory process. (ZANDER.)

Hospital Reports.

PHILADELPHIA HOSPITAL, }
November, 1864. }

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by W. H. Ford, M. D., Resident Physician.

Syphilis.

The origin of syphilis has been and still is a subject of controversy. By some it is asserted that the disease first made its appearance in Europe about the latter part of the fifteenth century; by others, that it is of American origin, having been introduced into Spain in 1493, on the return of Columbus from his first voyage. Again, it is said that its origin can be traced to Africa, whence it was transported to Spain and to other countries of Europe.

Many have attributed it to the animal kingdom, and it has been declared to be the disease described as leprosy in ancient times.

However plausibly these different theories may be set forth, there is sufficient evidence to warrant the assertion that syphilis is an exceedingly ancient disease. It is alluded to by HIPPOCRATES, and in the Mosaic writings. Its origin is prehistoric.

Until within the last century, this subject has been enveloped in inexplicable confusion. But HUNTER, BELL, RICORD, and others, have done much to remove this obscurity, by reducing the subject to a plain, comprehensive system.

Syphilis follows a certain sequential order; and, therefore, it has been divided into the primary, the secondary, and the tertiary forms. This is an arbitrary division, but it greatly facilitates the study of the subject.

Primary Syphilis.—Primary syphilis consists in a simple or primary sore, or initial lesion, called chancre. Of this, there are two varieties: the soft, and the hard, or Hunterian chancre.

The Soft Chancre.—The soft chancre may be of any shape, but is most commonly round or oval. It is usually about half an inch in diameter; secretes a purulent matter; and has perpendicular edges, and a bottom of a dirty grey appearance. Its base is soft and pliable. The pus of soft chancre, when microscopically examined, presents pus cells in a transparent serum; but there is no characteristic by which we can distinguish these cells from any other pus cells. The

secretion from this variety of chancre, when inserted on the body of the individual having the sore, or of any other individual, will reproduce a similar sore; therefore, the soft chancre is inoculable. One soft chancre may produce several others in the surrounding parts; and hence, the soft chancre may be single or multiple.

The soft chancre has very slight tendency to infect the system. Some assert that it has no tendency whatever, and hence call it the non-infecting chancre, or the chaneroid. We may illustrate the subject by these examples.

CASE 1. T. D., æt. 30. Single sore seated on the prepuce; has a soft base, and a rounded form. Its edges are not very perpendicular. It is considerably advanced in healing.

CASE 2. J. N., æt. 27. Single sore situated on the skin, posterior to the extremity of the organ; has an oval form, and perpendicular edges. Its base is soft, and it secretes a little pus. It is beginning to heal.

CASE 3. J. L., æt. 28; has three chancres. One situated on the glans penis, one on the dorsum of the organ, and the third on the margin of the prepuce; they have a soft base, oval form, elevated edges, grey bottom; and discharge pus abundantly.

CASE 4. J. N., æt. 32; has several sores. One on the margin of the prepuce, and several others about the corona glandis. He originally had but one sore; the others appeared a few days afterward.

The Hard, or Hunterian Chancre. The hard chancre, a comparatively rare form, is usually solitary; two, three, or more, occasionally coexist upon the same organ. Its edges slope down from the circumference to the centre, and, therefore, the sore has a cup-shaped appearance. It rarely attains the depth of the other variety. There is a slight discharge, which, when microscopically examined, presents epithelial and lymph cells, and broken-down connective-tissue corpuscles. It does not differ much from the pus of the soft chancre. The base of the sore feels hard, as if it were composed of parchment, and hence, the sore has been called the indurated chancre. It has been called the infecting chancre, because it has a great disposition to infect the system. It has been a subject of dispute whether the soft chancre is capable of infecting the system. Some deny its infecting power altogether; while others, among our best syphilographers, assert the contrary. Those who hold the former opinion are chargeable with grave inconsistency; for, while they declare that the soft chancre is a harmless, non-infecting sore, which will get well unassisted,

they teach that the sore should be cauterized at its inception, and gotten rid of as soon as possible. This hospital, (where hundreds of cases of chancre are treated yearly,) supports the opinion that the soft chancre may infect the system, but not so readily, nor so frequently, as the hard chancre.

Conditions for the Development of Chancre.—

1st. The specific virus must come in contact with the living texture. There may be an abrasion of the cuticle, upon which the virus acts. If there be no abrasion, the virus may inoculate by its dissolving influence upon the epithelium with which it has been in contact. This mode of inoculation requires several days. 2d. The subject must be of the human family. Experimental inoculations have been repeatedly made upon animals, especially upon anthropoidal apes, and they have universally failed to produce the disease.

Rationale of the Mode of Infection.—There are two theories in regard to the mode of contamination. 1st. The virus is absorbed by the living tissues, and remains in a state of incubation, before it produces a sore. 2d. The virus, by its local action, gradually produces a sore secreting an infecting material, which, being transported into the system, produces a constitutional disease. This latter view is the most plausible and the safest, and has the support of the best authors of this country. According to the former theory, the sore is a constitutional, secondary lesion, or, at best, the appearance of the sore and constitutional involvement are so nearly coincident as to furnish no chance to destroy the former in order to prevent the latter. BUMSTEAD supports the last opinion. He asserts that "the absorption of the syphilitic virus (the infection) is almost instantaneous," and that "belief in the efficacy of this (the abortive) treatment is no longer admissible." This is certainly not safe ground, when the question is still in doubt. We should give the patient the benefit of the doubt until the question is infallibly settled.

Moral Question.—Can man transmit syphilis to his offspring? Most certainly. Every cell in the whole system becomes impregnated with the poison, and a diathesis is produced which can never be eradicated, though it may be modified or subdued by appropriate measures. And here we may probably have the origin of what we so often treat as scrofula.

Steps of the Development of a Chancre.—When the virus comes in contact with an abraded surface, a fissure, or a sore, a specific pustule is produced, in a period varying from ten to sixteen hours. If it come into contact with a sound sur-

face, there is, first, pruritus, then a little elevation or papula, which becomes converted into a vesicle by an elevation of the cuticle with serum. The serum becomes turbid and yellowish, producing a pustule. Finally, the contents of the pustule become more consistent, and of a darker color, forming a scab, which, when removed, displays a chancreous ulcer. Hence, in the order of development, there are the inflammatory, the papular, the vesicular, the pustular, and the ulcerative stages. When the tissue is sound, it takes from thirty-six hours to six, ten, fourteen, or even sixteen days to develop the ulcer. Most generally, in six days the ulcer is perfectly formed.

The primary sore sometimes occurs in the fossa navicularis; it is then called a concealed chancre. It may occur in any part of the body, though some assert that the soft chancre never affects the scalp.

Treatment of Chancre.—Some writers assert that the soft chancre will get well of itself, and therefore requires no treatment. But the hard chancre will also get well without treatment. Cases are cited, in which the hard chancre existed without the patient's knowledge. Their self-curative power is no argument against treatment. It is safest and most rational to regard both forms of chancre as infectious, and, therefore, to destroy their specific character as soon as possible. There are two methods of conducting the abortive treatment. 1st. Excision. 2d. Cauterization. The first method may be practised when the chancre is solitary, and situated upon the prepuce, but great care is necessary to avoid inoculation of the wound.

Cauterization is the safest plan of destroying the specific quality of a chancre. Caustic potassa, Vienna paste, nitric acid, and acid nitrate of mercury, are commonly used for this purpose. A paste composed of sulphuric acid one part, and charcoal three parts, put upon and around the sore, is a very good application. Caustic potassa is among the most reliable caustics. Bromine has been suggested, and it may be an effectual remedy. After thoroughly cauterizing the sore, apply lint, warm water, or aromatic wine, and put the patient to bed. In about twelve days, the eschar will come away, and a healthy ulcer will appear, which will readily heal.

How long after a chancre has first appeared can you promise immunity from constitutional syphilis? Most likely, six days. The soft chancre does not involve the system so readily or so quickly as the hard chancre, so that it may exist a longer period, and yet not infect the constitu-

tion. The indurated base of a hard chancre often remains after the slough has been removed. In such a case we resort to some mercurial. It is not necessary to use calomel, as the bichloride of mercury is more effective and is not so injurious. Its remedial agency is often augmented by the addition of iodide of potassium. The following formula may be used, viz.

R. Hydrarg. bichloridi, gr.jss. vel gr.j,
Potassii iodidi, gr. lxxx, vel gr. xl,
Syrup sarsap. comp., f3iv. M.
S. Tablespoonful three times daily.

When the sore does not heal readily, we may stimulate it by nitrate of silver, sulphate of copper, or black wash. Aromatic wine, the aqueous solution of opium, and the solution of tannin, are also valuable local remedies.

EDITORIAL DEPARTMENT.

Periscope.

OSTEOMYELITIS.

This is a subject of so much interest and importance at this time, that it will justify our devoting considerable space to the reproduction of the following remarks of so distinguished a surgeon as THOMAS LONGMORE, Esq., Deputy Inspector-General of the British Army, which were made at the meeting of the Royal Medical and Chirurgical Society, at its session of Feb. 28th. We copy from the *British Medical Journal*.

Remarks upon Osteomyelitis consequent on Gunshot Wounds of the upper and lower extremities, and especially upon the Treatment of Stumps affected with Osteomyelitis after amputation necessitated by such injuries.

The author commenced his communication by noticing the particular interest which had been excited amongst military surgeons; especially French surgeons, during the last few years in the subject of osteomyelitis, or endosteitis, as it is called by some writers, after gunshot wounds of the extremities, and of its proper treatment. The interest arose, not from any belief that a difference existed between the nature of the inflammation of the medullary tissue when developed after gunshot injuries, and the corresponding inflammation occasionally seen after the ordinary injuries and amputations of civil life; but from the comparative frequency of its occurrence after gunshot injuries, and after amputations consequent upon them, together with its severe and obstinate character, often in men of previously sound constitutions, in military practice, contrasted with the comparative rarity of its occurrence in sound constitutions in civil practice. After the Crimean campaign, Dr. VALETTE, a French military surgeon, who had one of the

large hospitals at Constantinople under his charge during the period of the war, and again, since the Italian campaign of 1859, M. JULES ROUX, the principal surgeon at the large marine hospital of St. Maudrier at Toulon, had both written at considerable length on the subject. Dr. VALETTE's observations were chiefly directed to this inflammation in its earlier and more acute stages, as witnessed amongst the wounded sent directly after the battles of Alma and Inkermann, amongst whom it had produced the most fatal consequences. The author remarked that in perusing Dr. VALETTE's reports, the conclusion could scarcely be avoided, that the so-called osteomyelitis in a large number of the instances referred to, "must have been truly cases of pyæmic poisoning, and that in all, the symptoms of the osteomyelitis must have been greatly aggravated by circumstances tending to the development of pyæmia. Dr. VALETTE found all attempts to check the diseases ineffectual, and came to the conclusion that all resections and amputations for the effects of this inflammation after gunshot fractures should be abandoned, and exarticulations substituted, the wounded being scattered at the same time in tents as widely as possible.

M. JULES ROUX's observations were made on the disease in its more chronic condition, and he was led to advocate the same views with regard to the necessity for exarticulation as had been advocated by Dr. VALETTE. M. ROUX had under his care about 2000 soldiers, who had been wounded in the Italian campaign; a considerable number of whom presented diseased conditions demanding consecutive amputation, or other surgical interference. At first M. ROUX practised amputation, but with such unfavorable results, that he was induced to try exarticulation in similar cases instead. This operation proved remarkably successful. There was no death out of twenty-two successive cases, among which there were four cases of exarticulation at the hip-joint. In a memoir on the subject, which was read before the Imperial Academy of Medicine at Paris in 1860, M. ROUX argued that when osteomyelitis after gunshot wounds assumes a chronic form, amputation generally only takes away a portion of the inflamed bone, and in consequence of this incompleteness in the operation, the disease is aggravated in the remainder. Hence, he asserted, the failures of secondary amputations for gunshot wounds of the bones; and hence also, in his opinion, the preference which ought to be given to exarticulation, or removal of the whole of the diseased bone, when a surgical operation becomes indispensable.

The views of treatment propounded by M. ROUX, had led to several protracted discussions at the Academy of Medicine in Paris. They were particularly analyzed in an elaborate discourse by BARON LARREY, which he afterwards published. In this discourse BARON LARREY arrived at certain conclusions, six in number, with the general terms of which the author said he believed most English army surgeons would agree. The following were the conclusions referred to:

1. Osteomyelitis after gunshot wounds is more frequent than has been hitherto supposed; but is not inevitable, and in most instances is a means of cure.

2. It may either be limited to a given point of the bone, extend itself partially, or invade the whole of the bone more or less quickly.

3. Every rational mode of treatment must be adopted in the first instance. We are encouraged to do so, because we know osteomyelitis is susceptible of spontaneous cure.

4. Sometimes it necessitates resection, and sometimes consecutive amputation, and sometimes, in certain cases, exarticulation is preferable.

5. The existence of osteomyelitis is sufficient to explain the want of success which occasionally follows partial operations in bones affected with this inflammation. But,

6. It does not justify the too exclusive proposition in surgery, that resection of joints and amputations in the shafts of bones are to be abandoned for exarticulation in all such cases.

Mr. LONGMORE thought, however, that the settlement of the question of the proper treatment of chronic osteomyelitis might be carried a step further in precision, especially in cases where want of success had seemingly followed partial operations on account of its presence. Many cases, he stated, came before military surgeons, in which, after amputation had been performed in continuity for gunshot injuries, or for the effects of osteomyelitis consequent upon them, the portions of the limbs left afterwards presented such diseased conditions, as to necessitate further surgical interference, in order to avert fatal consequences from the patients. In these cases, where the morbid state of all the tissues is manifestly due to the continued osteomyelitic action subsequent to the amputation, what is the course to be pursued? The arguments of M. JULES ROUX would urge most forcibly in these cases, that exarticulation is the only treatment that can scientifically be adopted; and even according to the conclusions of BARON LARREY, these would appear to be "the certain cases" to which he refers in his fourth conclusion, where curative treatment in the first place, and consecutive amputation in the next place having failed, disarticulation would be the preferable course to follow. The author had been led to adopt a different conclusion; and, in order to show to the Society the grounds on which his conclusions had been based, he called attention, firstly, to certain preparations belonging to the museum of the Army Medical Department, from cases in which exarticulation had been performed, or death had occurred on account of osteomyelitis; and secondly, to the histories of some similar cases in which a cure had been effected without exarticulation being resorted to.

The first three preparations exhibited consisted of the upper portions of three humeri. In each of these the history was—amputation at the middle of the upper arm for a gunshot wound, and exarticulation at the shoulder within a year afterwards for osteomyelitis. The fourth preparation was one of the upper part of the femur, which had been removed from the patient after death. Amputation had been performed in the middle of the thigh for a gunshot wound, in India, and the patient died about a year afterwards, from the effects of osteomyelitis in the stump. There was every reason to believe that in all these cases the

osteomyelitis was due to the shock of the original gunshot injury, and not to any peculiarities in the amputations or other causes. To show that the simple shock of a gunshot wound is capable of giving rise to general endosteitis in a bone, another preparation was exhibited, in which the entire shaft of the femur had been subjected to the action of this inflammation. In this case a musket-ball had only penetrated the soft tissues, and struck the bone, without producing complete or even a partial fracture of its substance.

Another preparation of the upper half of a humerus was exhibited from a case in which the author had performed exarticulation for osteomyelitis four years ago, before his attention had been turned to other modes of treatment. In this case, the previous amputation had been performed for the effects of a kick from a horse, and the preparation was exhibited to show that the consequences of the osteomyelitis were exactly similar to those which had occurred after the gunshot injuries.

All the preparations above named, showed that in each case extensive necrosis of the shaft had resulted from the endosteitis with which it had been affected; that the necrosed portions were well defined within fixed limits; that in no instance was the necrosis continued to apophysis, although in all the cases the apophyses were more or less in the condition known by the term "osteoporosis;" and that the sequestered portions of the shafts were surrounded by copious shells of new bone, as in cases of ordinary necrosis.

Three cases were then related, in which amputation at the middle of the thigh had been followed by osteomyelitis in the stump, but in which cures had been obtained without exarticulation. The amputation had been performed in two of these cases for gunshot wounds, in the third for the consequences of a compound fracture from a fall. In each of these cases the removal of the sequestra left by the osteomyelitic action was effected by surgical interference, and a sound and healthy condition of the stump resulted. In the case first described, the patient at the time of his admission into hospital at Fort Pitt, from India, had suffered so severely from the effects of the prolonged irritation to which he had been subjected, and the thigh-stump was so extensively diseased throughout, that at a consultation of the staff of the hospital, the removal of the stump at the hip-joint was determined to be the only course which held out a fair hope for the patient's recovery. Fortunately, before this serious operation was undertaken, a study of the preparations laid before the Society, and some others of a similar kind, led the author of the paper to determine, as a preliminary measure, to open freely the cicatrix of the amputation-wound, and to take steps for removing all pieces of necrosed bone that might be found within the remaining portion of the shaft. The operation was so conducted that, if necessary, it could have been converted at the time into amputation at the hip-joint, or this formidable operation be reserved for a subsequent resource, if the removal of the necrosed bone did not lead to cure. Complete success, however, attended the first effort; the dead portion of the shaft, which reached up to the trochanters, was

extracted, together with some smaller detached fragments. The patient rapidly improved in all respects afterwards, and eventually walked from the hospital with an artificial limb applied to the stump, which had become perfectly sound.

The second and third cases mentioned were those of soldiers who had suffered amputation of the thigh for gunshot wounds, and from subsequent endostitic necrosis in the stump. In both cases, the necrosed portions of the shaft were removed by gradual traction through openings in the line of cicatrix of the amputation-wound. In one of these instances, in which the man's limb had been smashed by a round shot just above the knee, at Lucknow, in 1857, an opportunity was afforded of examining the state of the stump five years after the date of the amputation. The stump was then thoroughly sound, and the man able to perform hard work and long journeys, by wearing an artificial limb upon it. The motions of the hip-joint were perfect.

The author of the paper stated his present conviction to be, that if similar steps had been adopted, and the necrosed sequestra removed, in the instances brought before the Society, in which exarticulation at the shoulder had been performed by himself and others, the stumps might have been similarly preserved; and that in the instances of the femoral stump, and the femur affected with endostitic necrosis, the lives of the patients might probably have been saved by such a proceeding. In cases where amputation had been previously performed, the amputation cicatrix should be opened for the removal of sequestra, or, if more convenient, the stump could be opened from other directions; where no previous amputation had been done, the sequestra should be extricated as in ordinary cases of necrosis.

Though not a matter of such importance to avoid exarticulation of a humeral stump as it is of a femoral stump, owing to the danger to life in the latter operation, and the important use of a thigh-stump for the adaptation of mechanical contrivances for assisting in supporting the weight of the body, yet the author maintained the preservation of a humeral stump to be of great value to the possessor, especially when the power of compressing it to the side is retained.

An osteoporotic condition of the articulating heads of the bones, corresponding with the condition shown in the preparations, will not interfere with a successful result, if the necrosed sequestra be completely removed. The author alluded to a case in which he had removed a foot at the ankle-joint, in which, on sawing off the two malleoli, the extremities of both the tibia and fibula were seen to be extensively affected with fatty osteoporosis; yet the ends of these bones became firm and solidified under an improved condition of general health, the removal of the source of irritation which had previously existed in their immediate neighborhood, and the stimulus of use. There could be no doubt that the head and neck of the femur in the case of the thigh-stump, which had been preserved by the removal of the sequestra, the largest of which was exhibited to the Society, was in a state of osteoporosis at the time these sequestra were extracted. The amount of irritation to which the

bone had been subjected, the length of time that had elapsed, together with the conditions observed in analogous cases, where the opportunity of examining the conditions had been afforded, sufficiently established the fact.

The author concluded by observing, that while adopting generally the views of BARON LARREY, before quoted, in reference to the nature, progress, and treatment of osteomyelitis after gunshot injuries, the following appeared to be fair deductions from the facts and observations he had brought to the notice of the Society.

1. In gunshot injuries of bone, it will be found for the most part—what might be anticipated from the intimate connection which exists between the periosteal and endosteal investments of the bony tissues, and from the violent general mischief effected by the stroke or passage through them of a projectile—that all the structures participate not only in the immediate local destruction, but also in the extended inflammation which follows, whether the inflammation after a time subsides and terminates in repair, or whether it continues in a chronic form.

2. There exists this difference between the inflammation of the endosteum and that of the periosteum; that of the endosteum has a special tendency after gunshot injuries to degenerate into a chronic condition analogous to that of suppuration in other tissues, to extend itself along the cancellated structure, and thus to produce disintegration and death of the bony substance; that of the periosteum, at the same time, will exist only to such a degree as to cause it to exert a protective influence by the formation of new bone around the diseased tissues, just as in ordinary cases of necrosis from other causes.

3. If amputation in continuity be performed while the endosteum is suffering from the inflammatory irritation excited by the violent injury to which the whole bone has been subjected, especially when this has assumed a chronic form, the endostitis will most probably still pursue its course, even though the divided soft parts may at first become healed, slowly inducing death, more or less extensive, of bony tissue, and in time the usual consequences of such a condition throughout the whole stump.

4. The morbid condition of the endosteum does not usually extend from the shafts of bones into their apophyses.

5. When amputation has been followed by these consequences, exarticulation should not in any case be resorted to for the removal of the diseased stump, until the effect of complete extraction of the dead bone by proper surgical interference has been ascertained.

6. Experience shows that, even although a patient's constitution may be greatly impaired by the prolonged local diseased action to which it has been subjected, and though there may be every reason to conclude that the articular extremity of a bone is in the condition understood by the term "osteoporosis," yet the complete removal of the endostitic sequestra may speedily be followed by restoration of the general health, and and by a condition of the stump so sound and firm, that it may be applied to any purpose of utility for which, according to its length and position, it may be competent.

On some of the Signs of Early Pregnancy.

In the *Medical Times* is a communication read by Dr. C. H. F. ROUTH before the British Medical Association at its meeting last summer, in which he referred to the signs of the first period of pregnancy from the date of conception to the fourth month. The symptoms then observed as diagnostic were, cessation of the menses, the purple color of the vagina, the velvety feel of the os uteri, the presence of kiestine in urine, enlargement of the abdomen and breasts, and peculiar character of areola. Only two of these, kiestine and an occasional modification of the follicles of the areola, which he described, were at all certain. Auscultation was not supposed, except at the end of the first period, to assist. NAEGELE stated the placental souffle was heard certainly only at fourth month, RIGBY at fifteenth and sixteenth week. KENNEDY had, however, heard it as early as the twelfth, eleventh, and once at the tenth week, but his experience had not been confirmed by others.

The earliest sound heard was a general muffled murmur, once interrupted during the pulse beat. It was difficult to describe it. It was an intensely vesicular murmur, an attempt as if it were to produce the ordinary placenta souffle. This was heard from the sixth to the ninth week generally. Its pitch was higher when the placenta was attached near the os. The ordinary placental souffle was heard generally at the ninth week, but he had heard it distinctly at the seventh and eighth week, and once at the sixth. In non-pregnant women the vaginal pulse or a single cardiac sound was heard; also the sounds of the intestines, which, owing to the solidity of the uterus, were transmitted and distinctly heard. These he had never detected in the case of pregnant women where tumors (fibroid) existed in utero. These were heard, and besides the murmur was tubular, not vesicular, and often attended with a thrill.

The author instanced nine cases in proof: one of thirteen weeks and one day; one of thirteen weeks; one of thirteen, perhaps eleven weeks; one of eleven weeks and two days; one of twelve weeks and one day; one of ten weeks; one of nine weeks and two days; one of seven weeks, and one of six weeks and two days; in all of which early periods pregnancy had been made out by the vaginoscope.

Illusions from the Administration of Chloroform during Menstruation.

The *Canada Lancet* says that Dr. KIDD affirms that chloroform when administered by inhalation, during the period of menstruation, may have the effect of inducing the belief that an assault had been attempted in a criminal way whilst under its influence. Now, although we cannot, from our own experience, connect with certainty the fact of menstruation with this effect in more than a single instance, we are cognizant of three well marked cases of the kind occurring in this city, and rumor speaks of several others.

We were well acquainted with an elderly gentleman whose wife was so firmly convinced that a

dentist had endeavored to take improper liberties with her whilst under the influence of chloroform, that he had much difficulty in convincing her that he, the husband, had not left her side during the whole time.

Wounds of the Face.

In the *Boston Medical Journal* we find the following terse and sensible remarks by Dr. Becker:

"Wounds of the face are chiefly to be regretted on account of the deformity and disfigurement resulting therefrom. The extreme vascularity of the tissues of the face endows them with a vitality which rectifies most injuries with a rapidity truly marvellous; and from their great distensibility the surgeon is enabled to repair loss of tissue, even when this has been very extensive. The face has been wounded in almost every part and direction, and often presents a most ghastly appearance. The upper and lower jaws, respectively, have frequently been, to a greater or less extent, destroyed, and yet speedy recovery follow. At the battle of Antietam, a soldier had both eyes destroyed by one ball, which passed through the bridge of the nose, leaving a clean hole. He suffered but little pain, and made a rapid recovery.

"Hæmorrhage is undoubtedly the greatest source of danger in gunshot wounds of the face; and, from the great difficulty of commanding it, frequently places the patient in imminent danger. Those who have received a severe face wound, seldom leave the field without sustaining a considerable loss of blood; and secondary hæmorrhage is common when the bones have been fractured. The irregularity and extreme vascularity of the parts render the application of ligatures to the bleeding points difficult; and to be effectual, compresses must be applied with much nicety. In secondary hæmorrhage of the deep branches of the face, ligature of the main artery will generally be necessary.

"The branches of the facial nerve are sometimes so much injured in face wounds, either by the ball itself or by spiculæ of bone, that temporary or even permanent paralysis may ensue.

"The greatest care should always be taken to remove the secretions which result from injury of the bones of the face. For if any amount of it should be swallowed, and thus enter the stomach, much constitutional disturbance will follow, and a fever of a low typhoid and very fatal type will be induced.

"Fractures of the bones of the face form an exception to the general rule, of removing fragments which are nearly detached. The large supply of blood in this region frequently enables pieces of bone—whose direction is not opposed to a proper union—to resume their full connection, in a manner which would be impossible in other parts under the same relative circumstances.

"The curious manner in which balls may be concealed in the bones of the face, and be discharged of their own accord, is shown in an instance which occurred at the Alma, and is related by Macleod. 'A round ball had entered close to, but below the inner canthus of the eye, and being lost, was not further thought of. The wound healed, and the patient had almost forgotten the

circumstance, when after suffering slightly from dryness in the nostril, the ball fell from his nose, to his great alarm and astonishment, several months afterward.' This case is singular, from the absence of the fetid discharge, which usually attends such injuries of bones, with a retained ball."

New Mode of Amputating the Thigh at the Knee.

We find in the *British Medical Journal* an account of a discussion in Germany on the merits of a new mode for amputation of the thigh at the knee, in which the femur is sawn through the condyles, or at the epiphysis, and the patella retained in the flap, that it may unite with and upon the sawn end of the bone. It is designated as GRITTE's operation. Dr. LUCKE details four cases in which he operated. The first died in the second week of purulent discharges; patella united. In the second case, the patella became firmly united with the end of the femur, forming an excellent stump. The third and fourth cases ended fatally. He communicated another case of perfect union of the patella to the end of the femur, occurring in Rotterdam. Prof. WAGNER, of Koninsberg, related the result of dissection in a successful case, in which "the patella was riding upon the anterior edge of the cut surface of the femur, was thickened and bent, and united to the femur by connective tissues only."

Of twelve cases of GRITTE's operation collated by Dr. HEINE, only two were successful, one of which was Dr. LUCKE's related above; the others died of pyæmia.

Division of Os Uteri.

The *British Medical Journal* says that Dr. GREAM opposes the views of Dr. MARION SIMS respecting the enlarging of the os uteri by incision. Dr. SIMS, says Dr. GREAM, "repudiates dilatation as dangerous in all its aspects, and declares that division of the cervix is as safe as dilatation is hazardous." Dr. GREAM adds, that he has been repeatedly consulted by women who had had the os uteri divided for sterility; and never, except in one single instance, has he known a case in which pregnancy followed; and in this case the woman aborted, because the artificial opening was so great as to prevent the womb retaining its contents. He could also, he says, relate of cellulitis, pelvic abscess, etc., following incision of the cervix: Dr. GREAM considers the only proper treatment is slow and carefully managed dilatation, in properly selected cases.

Camphor Water as a Solvent for Salts.

It is more convenient to measure a liquid than to weigh a solid; many salts are therefore kept in solution, but they are at the same time very bad keepers. A very simple and efficacious mode of keeping them is to use *aqua camphorata*; i.e., a saturated solution of camphor in water, as the solvent. Placing a piece of camphor in a solution already made is equally good.—*Fear Book of Pharmacy*.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 6, 1865.

VALENTINE MOTT.

Last week we received a telegraphic message that VALENTINE MOTT, the distinguished citizen, learned man, and Nestor of American Surgery, was dying, which was followed the next day by a brief announcement of his death, which we gave in last week's number. While all New York was moved at the spectacle of the funeral cortege of our President passing through her streets to his burial, the light was fast failing from the eyes of one in her midst, whom she delighted to honor, and of whose world-wide reputation she was proud. In a few more days, his remains were borne to their last resting place, sincerely mourned, and with unusual honors for a mere private citizen. His funeral took place on Sabbath afternoon last. The church building in which the funeral services were held, was unable to contain those whose sympathies and feelings induced them to attend. As an evidence of the feeling shown on the occasion, we subjoin an account of the appearance of the church, and a brief notice of the funeral ceremonies.

The altar was profusely decorated by heavy masses of flowers, contributed by relatives and admirers of the deceased. Crosses, crowns, anchors, wreaths, and massive baskets of delicious flowers, gave a sweet and harmonious sense of color and perfume to that portion of the edifice. One of the baskets bore the letters V. M., in beautiful white flowers on a blue ground; another the word "*Resurgam*," while, above all, hung a very rich wreath surrounding an embroidered cross, with the words, "Christ, our Passover," in rich illuminated letters across its face.

In front of the altar, and beside the pulpit, stood the pedestal for the coffin, richly draped in sombre black velvet, with floral crosses ornamenting the face of the pall. The font was also filled with flowers, the whole surmounted by a standing cross of japonicas. The reading desk and pulpit were likewise decorated by wreaths. Conspicuous among the wealth of floral offerings was a massive crown, formed of japonicas.

The mourning drapery for our dead President, with which the church was hung, gave additional solemnity to the impressive services for the dead, and those sombre festoons of black, revealed by the soft and shadowy light, which streamed through the stained glass windows of the church, gave an appearance of solemnity not often seen.

Immediately following the coffin, as it was borne into the church, were the pall-bearers, the members of the Faculty, of the Academy of Medicine, and of the University in Fourteenth street. Among the gentlemen composing the cortège were nearly all the leading members of the profession in which the deceased held so high a position while living. The pall-bearers were as follows:

Lieut.-Gen. Winfield Scott,	Gouvern'r Bibby, Esq.,
George Bancroft, Esq.,	Dr. W. H. Draper,
Dr. Martyn Paine,	Dr. A. C. Post,
Dr. I. Wood,	A. T. Stewart, Esq.,
Geo. Opdyke, Esq.,	Dr. Geo. T. Elliott,
Rev. Dr. Jas. M. Matthews,	Mr. Routh.

Attendant upon the remains were the physicians who were with Dr. MOTT during his last illness, Dr. AUSTIN FLINT, Dr. EDWARD VANDERPOOL, Dr. A. H. STEVENS, and Dr. J. M. SMITH.

The funeral services were conducted by Rev. Dr. HOUGHTON, pastor of the church which Dr. MOTT attended, assisted by Bishop POTTER of the Episcopal Church, and other clergymen. Dr. HOUGHTON pronounced a feeling and eloquent funeral discourse.

Upon the lid of the coffin was a solid silver plate, with the following inscription:

VALENTINE MOTT, M. D.,
Emeritus of Surgery.
Born, August 25th, 1785,
Died April 26th, 1865.

Thus has passed away, full of years and of honors, one who was an ornament to our profession. Dr. MOTT has thousands of pupils scattered throughout the land. May they, and may all of our profession emulate his bright example of industry, perseverance, and probity.

MEDICAL ELECTRICITY.

EVER since the investigations of Dr. FRANKLIN and others in the department of natural science, to which the subject of electricity belongs, there has been a desire among medical men to render it available as a therapeutic agent. Not only has it been attempted among medical men, but there has always been a disposition on the part of the public at large to receive with no little confidence any theory for the treatment of disease which has for its basis the application of electric currents. This disposition being so universal, and among those who make some pretensions to the name of scientific and educated, it is not surprising that individuals are always to be found who are willing to gratify this feeling for a compensation of greater or less amount. Their success has invited such large numbers into this field of charlatanism, that men of education in the medi-

cal profession have been backward to investigate the true claims of electricity in medicine, so that perhaps less is known of it in this respect, than of many other agents with fewer claims for adoption. However, this is no longer the case, for since MATTEUCCI, DU BOIS-REYMOND, DUCHENNE, of Boulogne, FARRADAY, ALTHAUS, and others, have extended to it an impartial hearing, it has suddenly grown of much importance, and each journal now contains some new indication which it has been found to fulfil, and some, perhaps more confident than otherwise, have not hesitated to claim for it a wider field of usefulness than any therapeutic agent with which we are now acquainted.

Unfortunately, the application of electricity has been impeded by the want of proper instruments for the propagation of the peculiar currents demanded by the diseased function, and the rejection of those which would neutralize, if not destroy, the one which we desire to apply. Since FARRADAY isolated the peculiar current which bears his name, the above objection has been corrected, and there is now no more difficulty in applying this form of electricity, when indicated, than in the use of counter-irritation, etc., etc. Of course, many kinds of apparatus have been constructed for the purpose, and as we are constantly consulted in reference to this subject, we have given some attention to it, and think the result will be acceptable to our readers, of whom many are interested in this branch of therapeutics. The apparatus of Dr. JEROME KIDDER, of New York, appears to combine the supposed excellencies of its predecessors with certain advantages claimed as peculiar to itself by its inventor. The machine has six different qualities, and each of these is under the control of the operator, so as to be made by tension more or less concentrated. These results are ingeniously effected by combinations between the primary and the two or more secondary coils, which are arranged in such a manner as to develop the requisite variety desired. Its inventor is evidently conversant with the principles and phenomena of electricity, and has, with no small amount of mechanical ingenuity, combined and arranged them in a form as compact as possible, and so simply done, that any ordinary person will not fail to understand its application. The premium was awarded this machine at the late fair of the American Institute, also at the fair of the Franklin Institute, Syracuse, over all others in competition with it, and the same has been awarded it wherever it has been exhibited in competition. This machine is now extensively used by the electricians of New York and elsewhere.

Notes and Comments.

First Army Corps.

We would call attention to the following note, received just as we are going to press. We hope it will be met with a prompt response.

OFFICE MED. EX. BOARD, FIRST CORPS.
Stanton U. S. Gen. Hospital,
Washington, May 4, 1865.

EDITOR MED. AND SURG. REPORTER:

SIR—A Medical Examining Board, of which Surgeon B. B. WILSON is President, is now in session at Stanton U. S. Hospital, Washington, D. C., for the purpose of examining candidates for appointment on the medical staff of the First Army Corps. A number of Assistant Surgeons is still required, and as the Corps will probably be kept in service several months, an excellent opportunity is afforded young medical men to see service. The requirement of two years' service has been removed in the case of Assistant Surgeons. Graduates in medicine desiring to enter the Corps, will make their applications to the Adjutant-General of the Army.

If you will give publicity to the foregoing matter, you will greatly oblige

Your obedient servant,
ALFRED DELANY, Ass't Surg., U. S. V.,
Recorder of the Board.

Correspondence.

DOMESTIC.

Pitting in Small-Pox.

EDITOR MED. AND SURG. REPORTER:

In your number of March 11th, 1865, I notice a communication from Z. C. McELROY, M. D., of Zanesville, Ohio, headed *Pitting prevented in Small-Pox*. I cannot refrain from taking the opportunity of verifying his success, as I have tried the same treatment in two cases, and with almost perfect success.

My treatment consisted in rupturing the pustules, during the maturative period, with a small bistoury, and allowing a free discharge. My local application consisted of nothing but glycerine. Both patients recovered with scarcely a mark or trace of the disease, and their complexion is perfect.

I also suffered, during the month of February last, with a severe attack of varioloid, and with the above treatment, I have recovered without the slightest disfigurement or mark, where I treated the pustules as above.

Respectfully,

G. SIMPSON, M. D.

New York, May 1, 1865.

News and Miscellany.

Prevailing Diseases.

The following are the reports of deaths from the causes indicated in three of our principal cities for the week ending April 30th.

	Philad'a.	N. York.	Boston.
Consumption,	39	71	23
Cerebro-spinal Meningitis,	3	—	—
Cholera Infantum,	2	1	1
Convulsions,	13	38	2
Diphtheria,	6	11	1
Diarrhœa,	10	4	—
Fever, Spotted,	2	—	—
“ Scarlet,	13	15	1
“ Typhus,	8	10	—
“ Typhoid,	19	10	4
Marasmus	7	19	1
Small-Pox,	14	17	2

The New Disease.

Telegrams received from Sir A. BUCHANAN, St. Petersburg, report that the fevers in that city are believed to have no affinity with the plague, but are attributed to over-crowded lodgings of the laboring classes, spoiled vegetables, and bad water. This is, indeed, only what most sensible persons had already concluded. The number of fever cases admitted into the hospitals varies from 100 to 150 a day, of which the average mortality has been 25 or 30 a day, and the highest mortality 60. The Paris *Moniteur* of Saturday published a note, stating that the Government had made inquiry into the condition of St. Petersburg; and found that, although deplorable some weeks ago, it is now greatly improved, and shows no epidemic beyond the ordinary sickness of the season.—*Brit. Med. Journ.*

Liberal Bequests by a Physician.

Dr. BONCEWICZ, a Polish physician, who lately died, has left all his fortune to medicine and his brethren. He has bequeathed 100,000 francs to build a house for the Society of Physicians of Warsaw; 50,000 francs to support two young men while devoting themselves to the study of moral and technical sciences; 50,000 francs for the support of five poor widows of medical men; and 10,000 francs to the Deaf and Dumb Asylum. His library, full of precious books, is to be distributed amongst the most deserving and needy students of the University of Warsaw.

Tapeworm in Abyssinia.

A recent traveller in Abyssinia, Mgr. VAN DEN DUCK, has sent to the Belgian Royal Society an interesting account of the tapeworm which so commonly afflicts the inhabitants of that country.

They take small doses of kousso only to get rid of the body, when the worm gets of an inconvenient size; but they are anxious to retain the head, for they are terrible gluttons, and having a tenia enables them to eat so much more! The tenia common in Abyssinia is *T. mediocanellata*.—*Brit. Med. Journ.*

Statistics of Mortality.

The following is published as an official record of the statistics of the mortality of the Union prisoners at Andersonville, Georgia, during the thirteen months and ten days, from February, 1864, to March 10th, 1865, inclusive. The table was kept regularly, by the chief hospital steward of the post, and at the sudden evacuation of the post, caused by the rapid movements of Gen. SHERMAN, was left behind in the hospital journal, with other documents, and eventually found its way into print.

1864.	In Gen'l Hospital.	By Small-Pox.	In Stockade.	Total.
February,	1	—	—	1
March,	262	5	15	282
April,	471	34	71	576
May,	633	10	65	708
June,	1041	10	150	1201
July,	1119	5	614	1738
August,	1489	—	1592	2991
September,	1255	—	1423	2678
October,	1294	—	301	1595
November,	494	—	—	494
December,	166	—	2	168
1865.				
January,	191	—	8	199
February,	147	—	—	147
March,	100	—	—	100
Total,	8663	64	4151	12,878
Hanged in stockade, July 11, 1864,				6

Aggregate, 12,884

1864.	No. of prisoners.	Admitted to Hospital.	Average of Deaths daily.
February,	1600	33	4.30
March,	4603	909	10
April,	7875	870	18
May,	13,486	1198	22
June,	22,352	1605	38
July,	28,689	2156	56
August,	32,193	3709	96
September,	17,733	3026	89
October,	5885	2245	51
November,	2024	242	16
December,	2218	431	5
1865.			
January,	4931	595	7
February,	5195	365	5
March,	4800	140	4 1-6
Total,	—	17,524	—

Highest number of deaths in a single day, on the 23d of August, 1864, 127
 Remaining in hospital, 462
 Returned to quarters, 4178

ANSWERS TO CORRESPONDENTS.

Dr. S. R. Rhoca, N. Y.—History of American Medical Association, sent by Mail, March 28th.

Dr. G. W. C., Jackson, Mich.—Winslow on Brain and Mind; Bumstead on Venereal; Von Trolsch on the Ear; Kramer's Pump Syringe; Throat do; and Trocar; sent by Express, April 24th.

Dr. W. McK., Mt. Hope, Ohio.—Wood and Bach's U. S. Dispensatory, sent by Mail, April 25th.

Dr. A. H. H., St. Clairville, Ohio.—Da Costa's Medical Diagnosis; Pereira's Prescription Book; sent by mail, April 29th.

Dr. J. W. M., Shippensburg, Pa.—Pereira's Prescription Book, sent by Mail, April 27th.

Dr. C. & Sm., Lockhaven, Pa.—Bone nipper, sent by Express, April 27th.

Dr. J. H. R., Perrysburg, Ohio.—Smith on Leucorrhoea; What to observe at Bedside; sent by Mail, April 25th.

Dr. A. G. T., Rimersburg, Pa.—West on Os Uteris, sent by Mail, April 25th.

Dr. C. W. S., Fillmore, Mo.—Gross' Manual Surgery, sent by Mail, April 25th.

Dr. S. P., Jackson, Cal.—Bernard and Huette's Surgery; Flint on Chest; Gross' new Ear Instrument; sent by Mail, April 27th.

Dr. F. R. P., Marshall, Ill.—Nelligan on Skin, sent by Mail April 25th.

Dr. J. J. M. A., Fort Pickens, Fla.—Holmes' Currents and Counter-Currents, sent by Mail, April 25th.

Dr. J. M., Fredericksburg, Ohio.—Wood's Practice of Medicine; Gray's Anatomy; sent by Mail, April 25th.

Dr. M. N., Lexington, Mich.—Beaseley's Druggists' Receipt Book, sent by Mail, April 25th.

Dr. W. P. T., Goshen, N. Y.—Slade on Diphtheria, sent by Mail, April 25th.

Dr. J. M. C., West Liberty, W. Va.—Quain's Anatomical plates; Gross' Surgery; Fowner's Chemistry; Von Trolsch on Ear; Dixon on Eye; Drake's Diseases of the Internal Valley of North America; Todd on Urinary Organs; sent by Express, April 27th.

Drs. R. W. B., Chicago, Ill., G. S. G., Freeport, N. Y., and others.—Pereira's Prescription Book, which has been out of print, has just been re-issued, and copies were mailed to you on the 29th ult. The price has advanced to \$1.25.

Dr. L. C. B., Essex, Vt.—Nelligan on the Skin, mailed to you on the 25th ult.

Dr. R. P. G., Pa.—Vols. 1 to 7 of the REPORTER, bound, sent as directed on the 18th.

Dr. J. J. M., Paducah, Ky.—Back vols. of the REPORTER, bound, sent by Express, on the 15th ult.

MARRIED.

COOLEY—PECK.—In Morrisania, N. Y., on Friday, April 28th, by Rev. Washington Gladden, George P. Cooley, M. D., and Miss Lucy A. Peck.

CORTLEIGH—TUTTLE.—On Monday, April 24, at Christ Church, New York, by Rev. Isaac H. Tuttle, D. D., Lawrence V. Cortleugh, M. D., and Miss Ida Tuttle, daughter of Dr. J. T. Tuttle, all of New York.

WAGGONER—PETERSON.—On the 26th ult., at the residence of the bride's parents, by Rev. J. E. Adams, J. B. Waggoner, M. D., of Carlisle, Pa., and Miss Amanda L., daughter of William L. Peterson, Esq., of Beverly, N. J., formerly of Philadelphia.

CALHOUN—ORR.—At Grace Church, Newark, N. J., on the 3d inst., by the Rev. Mr. Hodges, Assistant Surgeon J. Theodore Calhoun, U. S. A., and Miss Nora C. Orr, of Newark.

DIED.

COALE.—In Boston, Mass., on the 24th ult., William Edward Coale, M. D., aged 49.

CRAFTS.—On Friday, April 28th, at Woody Crest, Westchester Co., Pa., Mary, wife of George I. Crafts, and daughter of the late Andrew Anderson, M. D., of St. Augustine, aged 34 years.

WATSON.—On the 29th inst. John Watson, M. D., aged 55 years.

OBITUARY.

Valentine Mott, M. D., LL.D.

At a special meeting of the New York Academy of Medicine, held on Friday evening, April 28th, for the purpose of taking action concerning the death of its late President, Dr. VALENTINE MOTT, the following committee was appointed, viz. Drs. Post, Delafield, Griscom, Buck, Flint, Isaac Wood, and J. W. Draper, who reported the following resolutions, which were seconded by Dr. Stevens, and after remarks by Drs. Delafield,

Stevens, J. R. Wood, Hamilton, J. M. Smith, Isaac Wood, Griscom, Geo. T. Elliott, and Hewitt, were unanimously adopted.

Resolved, That this Academy in assembling to do honor to the memory of Dr. VALENTINE MOTT, who has just passed away in a ripe old age, recognize the fact that since its first organization, no member has been taken from among them who has filled a larger space in public estimation, as a physician and surgeon, than their deceased associate and late honored President.

Resolved, That our common country has reason to cherish the memory of Dr. MOTT, not only as the greatest surgeon ever produced in America, but as one who has taken rank with the first of this century in any part of the world; as one whose reputation was indeed world-wide, and whose name is known and revered wherever our profession is found.

Resolved, That this Academy are deeply sensible of the debt of gratitude our profession owes to our late associate, from the legacy he has left us, of great improvements in surgical science and art, improvements by which we are now enabled to save many valuable lives, which, without them, must have been lost, and which, in all future time, will be recognized as among the greatest achievements performed by any of its members.

Resolved, That as it is not possible in this manner to testify our sense of the high character of Dr. MOTT, as a citizen as well as a surgeon, we will appoint one of our members to pronounce a eulogy on the deceased, and make a more fitting and enduring memorial of his character and virtues, and that at the meeting of the Academy held for the purpose, citizens generally be invited to attend.

Resolved, That we tender to the family of the deceased our warmest sympathies for the bereavement they have suffered, but hope and trust that, conscious, as they must be, that although the head of their family has been taken from them, he has filled up the full measure of a useful and well spent life, they have all the consolation possible in their affliction.

Resolved, That we will attend the funeral in a body, and that we invite the surgeons of the army and navy, and the members of our profession generally in this city and its vicinity, to unite with us in paying this last tribute of respect to the memory of our lamented colleague.

Resolved, That a copy of these resolutions be communicated to the family of the deceased, and that they be published in the daily papers.

(Signed) JAMES ANDERSON, M. D., President.
W. M. CHAMBERLAIN, Secretary.

METEOROLOGY.

April	24,	25,	26,	27,	28,	29,	30,
Wind.....	N.	W.	S. W.	S. W.	S.	S. W.	N. W.
Weather.....	Cl'd'y.	Clear.	Clear.	Clear.	Clear.	Cl'd'y.	Cl'd'y.
Depth Rain.....						8-10	
Thermometer.							
Minimum.....	38°	44°	47°	54°	58°	58°	40°
At 8 A. M.....	50	57	59	62	63	65	54
At 12 M.....	55	69	73	75	75	74	59
At 3 P. M.....	60	70	75	76	75	75	59
Mean.....	50.75	60.	63.50	66.75	67.75	68.	54.25
Barometer.							
At 12 M.....	30.3	30.3	30.2	30.1	30.1	29.8	29.9

Germanstown, Pa.

B. J. LEECH.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—The Nineteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "Monongahela House," in the City of Pittsburgh, Pa., commencing at 10 A. M. of Tuesday, June 13, 1865.

JOHN CURWEN, M. D., Secretary.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.

" VI. Nos. 18, 19, Aug. 3, 10, '61.

" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.

" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '63; Dec. 27, '63, and Jan. 3, '63, Jan. 24 & 31, '63.

" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.

" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct. 22, 29, '64.

" XIII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct. 22, 29, '64.

We are in pressing need just now of a few copies for new subscribers, of No. 414, Feb. 4, 1865.